## **SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement** CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION **Revised January 2015** 

RECEIVED

Page 1 of 17

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Do Not Mark in This Space For Office Ms CAND CITY CLERK
BRISTOL. CT

**COVER PAGE** 

1. NAME OF COMMITTEE				
Rosado for C	City Counc	<del>al</del>		
2. TREASURER NAME	O			
First Kalen	MI	Last Vibert		Suffix
3. TREASURER ADDRESS				
Street Address 114 Brace 1	Ave	Brustal	State	Zip Code
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete	e only if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/05/2019	city co	suncil		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
First	MI	Last		Suffix
8. TYPE OF REPORT (Check One Box)				
☐ January 10 filing	☐ 7th day preceding primar	y ☐ 7th day preceding referendum	☐ Initial Contr	ribution or Disbursement
☐ April 10 filing	☐ 30 days following primar	y ☐ 45 days following referendum	☐ Amendmen	t to
☐ July 10 filing	✓7th day preceding election	n 🗖 Deficit	Type of Rep	ort:
☐ October 10 filing	☐ 12th day preceding election (State Central Committees Only)			
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following election not held in November	<b>n</b>		
9. PERIOD COVERED				
	Beginning Date	Ending Date		
	10/01/2019	thru 10/27/3019	î	
10. CERTIFICATION				
I hereby certify and state, under p  Disclosure Statement for the per		that all of the information set forth on the rate and complete.	is <b>Itemized Can</b>	npaign Finance
Law Vila	<u>,                                    </u>	KAREN VIBERT		10-26-19
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	PRINT NAME OF SIGNER		DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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٠ ١ ١	,						

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
ROSANO FOR CITY CULL	7th day pre	election
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	5958.62	
13. Contributions Received from Individuals (Sections A and B)	730.00	9499.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	730,00	9499.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6688. UZ	9499.00
19. Expenses Paid by Committee (Section P)	4,501.32	7381.70
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2,117,30	2,117,30
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0.00	0.00
23. In-Kind Contributions Received (Section M)	0.00	60,0
24. Refundable Deposit to Telephone Company (Section N)	6.00	0.00
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.60	0.00
25b. + Interest and Penalties on Loan	0.00	0.00
25c Payments on Loan	60.0	6.00
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	0.00	9.4860
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	000	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0,0	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rosado for City Counc	il 7th day pre election
. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A \$ 245.60
	ntributions from Individuals
DISAPIO	First
Residential Street Address 46 E WASHINGTOW	TERYVILLE CT 06786
Principal Occupation	Name of Employer
Mason	Fire Line Masonry
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Yes  No
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a If yes, indicate which bra of government the contra	
Method of Contribution:  □ Cash  Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	y Order 10-7-19 Aggregate Contributions  Aggregate Contributions
Last Name WILLIAMS	EARLS HOND PLA MI
Residential Street Address 148 GRAND ST	WATERBURY State CT CLOWY
pal Occupation	MATIATUCE MUSEUM
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Yes No
Is this contribution associated with an event reported in Section L1?  If yes, list Event # OOS Is contributor a principal of a If yes, indicate which bra of government the contra	
Method of Contribution:  □ Credit/Debit Card □ Payroll Deduction □ Money	Date Received Aggregate Contributions  V Order 10-11-1 G
Last Name THURSTON	First DANA MI
Residential Street Address  PRATT ST	City BELSTOL State Zip Code CT 66010
Principal Occupation	Name of Employer
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Yes No
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	y Order / Date Received Aggregate Contributions
SUB'	TOTAL Section B — This Page 525.00
TOTA	L of additional Section B Pages 305.60
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A + B)  13. Column A of Summary Page Totals)  730.00

# Section B ADDITIONAL PAGE \_2\_ o

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rosado for City Council	7th day preceding election
. Total Contributions from Small Contributors-Received this Period ONLY	
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A	
B. Itemized Contributions from Indivi	duals
S'MITH First GLORIF	A MI
Residential Street Address 132 DOROTHY PL  City  FRISTOC	State Zip Code OCO10
	e of ct
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  No	1 3, 1
	OLegislative No 15.66
Method of Contribution:  Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  10-11-19	Aggregate Contributions
Last Name  MICHAUD  First  JEN	MI
Residential Street Address 37 PRATT ST City BEISTOL	State Zip Code CT SCPCO
pal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No No Ves does contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	
	O Legislative No
Method of Contribution:  Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order  Date Received  10-11-19	Aggregate Contributions
ACEVEDO First MELBA	
Residential Street Address  GY BIRCHEWOOD DR City BEISTOL	State Zip Code  CT CLOOK O
Principal Occupation  Name of Employer  ANECL	. LABEL
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	1. 3/
Is this contribution associated with an event reported in Section L12 65  Yes Is contributor a principal of a state contractor or prospective statement of government the contract is with:  Executive	te contractor? Syes No Legislative No Legislative
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  1 U 1	Aggregate Contributions
SUBTOTAL Section B — This	Page 155.00
TOTAL of additional Section B	Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections (Enter total on Line 13, Column A of Summary Page	

SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE 3

of		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Rosado for City Council	7th day preceding election
Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A	\$
B. Itemized Contributions from Individual	duals
Last Name  First  MOHAM	m ED MI
Residential Street Address 171 BURCH NGTON AV BRISTOC  Principal Occupation	State Zip Code OLOO()
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes ONo	e officer of a municipality, with said municipality  Amount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state of the section L1?  Yes Is contributor a principal of a state contractor or prospective state of the section L1?	OLegislative SYes
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received  10/11	Aggregate Contributions
Last Name First	MI
Residential Street Address City	State Zip Code
al Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes  No	e officer of a municipality, with said municipality
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state of the state of	te contractor?  O Legislative  O Legislative
The state of the s	Aggregate Contributions
Last Name First	MI
Residential Street Address City	State Zip Code
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No Viscontribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?  Yes No	e officer of a municipality, with said municipality  Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a state contractor or prospective state if yes, indicate which branch or branches of government the contract is with:  Executive	O Legislative No
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney Order  Date Received	Aggregate Contributions
SUBTOTAL Section B — This	Page 50.60
TOTAL of additional Section B P	ages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COM	MITTEE (Provide Comp.	lata Nama as Pogistorad	with Filing Panas	itamı)		TYPE OF	REPORT		
RAVILORCON	IOS ADO PO	OR CIT	A Ch	AK 3CAC				014 0	Lection
		$C_1$	Contribution	ons from C	ther Com	mittees	0		lection
e of Committee	1901-1902 - 1905-1903 - 1905-1905 1905-1905 - 1905-1905 - 1905-1905		John Dun	)HS II OIII C	Name of Tre	Annual Control of the			
el Paga e la Barrio de la companya									
Address				Is this cont	ribution associ	ated with an Yes	□No	Amount of	of Contribution
				event repor	ted in Section  If yes	L17 , list Event#			
City		State	Zip Code	Date Rec		Aggregate Contrib	itions	1	
Name of Committee					Name of Tre	easurer			
Address				Is this cont	ribution associ	ated with an Yes	□ No	Amount o	of Contribution
					ted in Section	L1?			
C						, list Event#			
City		State	Zip Code	Date Rec	eived	Aggregate Contrib	itions		
Name of Committee					Name of Tre	asurer			
Address									
Address					ribution associ- ted in Section	ated with an Yes	□ No	Amount o	f Contribution
				event repor	If yes	, list Event#			
City		State	Zip Code	Date Rec		Aggregate Contribu			
	<b>C2.</b>	Reimbursemen	ts or Surp	lus Distrib		' 'i	ittees		
Name of Committee					Name of Tre	easurer			
Address				City				State	Zip Code
Date Received	Expenditure #	Payment Type						1	1
Bullo Received	(if applicable)	☐ Reimbursem	ont for abound	ovenous D	C			Amoun	t of Receipt
		L Kelinbursein	ient for shared t	expense 🔲	Surplus Distrib	button			
Description									
Name of Committee					Name of Tre	asurer		4.	
Address				City				State	Zip Code
5 5 1	Expenditure #	I B (T		<u> </u>			· · · · · · · · · · · · · · · · · · ·		
Date Received	(if applicable)	Payment Type						Amoun	t of Receipt
		☐ Reimburse	ement for share	d expense	Surplus Dist	ribution			
Description									
									7)
			SUBTO	TAL Secti	on C — Th	is Page			
			TOTAL	of addition	al Section (	C Pages			
	TOTALO	F ALL COMMIT							
	the contract of the contract o	r ALL COMMIT ns C1 + C2) (Enter i	and the second of the second		and the second second second				
						<del></del>			

NAME OF COMMITTEE (Provide Complete Name as Registere	d with Filing Panagitami)		TYPE OF	DEDODT	
ROSADO FOR CITY	COUNCIL	<u> </u>			Pre election
	D. Loans Recei	ved this Period			1000000
of Lender		Source of Loan:			Date of Receipt
		☐ Bank ☐ Can	ndidate  Individua	Other Committee	
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Odect Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Can	ndidate	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:	ndidate ☐ Individua	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
The of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
E. Receipts from Entities othe	er than Individuals	TOTAL SECT		dum Committe	ees ONLY)
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	utions	
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contrib	utions	
Name of Entity					
t Address			Date Received		Amount Received

### I. MONETARY RECEIPTS (Sections A—K)

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NAME OF COMMITTEE (Pro	vide Complete Name as Registe	red with Filing R	epository)		TYP	E OF REPORT		
RUSANO	FOR CIT	y co	upal	•	7	th day	Pre El	ection
F. An	nount Transferred	from Affili	iated Busi	iness Treasury	(Business En	tity Committees	ONLY)	
of Receipt	Is this transaction associate event reported in Section		☐ Yes ☐ No	If yes, list Event #			Amount	
Date of Receipt	Is this transaction associatevent reported in Section		☐ Yes ☐ No	If yes, list Event #			Amount	
Date of Receipt	Is this transaction associatevent reported in Section		☐ Yes ☐ No	If yes, list Event #			Amount	
Date of Receipt	Is this transaction associate event reported in Section		☐ Yes ☐ No	If yes, list Event #			Amount	
				TOTAL SE	CTION F			
G. Amount Transf	erred from Affiliat	ed Labor	Union or	Other Organiz	ation Treas	sury (Organiza	tion Committee	es ONLY)
Date of Receipt		Date of Receipt			Date of	f Receipt		
Amoun			Am	ount			Amount	
				TOTAL SEC	ΓΙΟΝ G			
н.	Personal Funds of	the Candid	late Rece	ived this Perio	d (Candidate	Committees ON	LY)	
Date of Receipt	Method of payment:	<b>□</b> n	ersonal Chec	ПСЛ	it/Debit Card		Amount	
Date of Receipt	Method of payment:	<b>П</b> Р	ersonal Checi	k 🔲 Cred	u/Debit Card		Amount	
Date of Receipt	☐ Cash	□ P	ersonal Checl	k ☐ Cred	it/Debit Card		Amount	
Date of Receipt	Method of payment:						Amount	
	☐ Cash	□ P	ersonal Checl	k 🗖 Cred	t/Debit Card			
Date of Receipt	Method of payment:						Amount	
	☐ Cash	□ P	ersonal Checl	k 🗖 Cred	t/Debit Card			
				TOTAL S	ECTION H			
		I. An	onymous	Contributions			(	0

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

Revised January 2015		<u> 1. MO</u> N	ETARY RECEIP	15 (Sections A	<u>K</u> )	<u></u>		Page / of 1/	
NAME OF COMMITTEE (Pro			vith Filing Repository)			REPORT			
ROSADO	FOR	CITY	council		つけり	Day	Pre	election	
		J. Interes	st from Deposits in Au	thorized Account	ts				
of Institution					Date Received			Amount	
Street Address			City	St	ate	Zip Code			
Name of Institution					Date Recei	ved		Amount	
Street Address			City	St	ate	Zip Code			
				TOTAL SECTION	IJ				
	K. Mi	scellaneous	Monetary Receipts no	t Considered Cor	ıtribut	ions			
Name					Date	of Transaction		Amount Received	
Street Address		\	City		State	Zip Code			
Description									
Name					Date	of Transaction		Amount Received	
Street Address			City		State	Zip Code			
Description									
Name					Date	of Transaction		Amount Received	
Street Address			City		State	Zip Code			
Description									
Name					Date	of Transaction		Amount Received	
Street Address			City		State	Zip Code			
Description									
			TOT	AL SECTION K					
	SUMMAI	RY OF OTH	ER MONETARY RE	CEIPTS (Section	s D thr	ough K)			
Total Loans Received this I	Period (Sect	ion D)							
<b>Total Receipts from Entitie</b>	s other than	Individuals or	Other Committees (Section	n E)	+				
Total Amount Transferred	from Affilia	ted Business T	reasury (Section F)		+				
Total Amount Transferred	from Affilia	ted Labor Uni	on or Other Organization	Treasury (Section G)	+				
		<del></del>	ceived this Period (Section	H)	+				
Total Amount of Interest fi	om Deposit	s in Authorized	Accounts (Section J)		+				
Total Miscellaneous Monet	ary Receipt	s not Considere	ed Contributions (Section I	Q	+				
	(Add S	Sections D thro	Total of (ugh K) (Enter total on Line 15.	Other Monetary  Column A of Summary				0	

# II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
ROSABO FOR CITY COUNCI		14h Lac	ple.	electro
	t Information			
Letter Description  Description  PIZZA PAIMS			Was this a fur	ndraising event
DO3 PIZZA PAITY Location: Street Address American Legion	B/1 StU		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes (If yes, go to Section L5  Associated with a Hou purchases made by host	se Party and complet	e required info	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes ( <i>If yes</i> , go to Section L4 and complete required in		not Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Rece	ipts here.) ——→	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory  Yes (If yes, go to Section L3  or on a Sign and comp	<b>Purchases of Advert</b>		Program Book
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Reco	pipts here.)	\$	
1t # Description of Event Letter			Was this a fu	ndraising event
Location: Street Address	City		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5  Associated with a Hou purchases made by host ☐ No	se Party and complet	e required info	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes ( <i>If yes</i> , go to Section Leand complete required in No		not Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory  Yes (If yes, go to Section L3  or on a Sign and comp  No	Purchases of Adver		Program Book
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Rece	ipts here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page		
	ion L1—Subpart 3 (Town Commit ipts from Food Purchases —			
	TOTAL of additional Section	L1 Pages		
	IPTS FROM SMALL PUR		$\mathcal{C}$	0.00

#### II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

		as Registered with Filing Repos		TYPE OF REPOR	
RUSADO	FUR CIT			7th Day	fre election
	L3. Pu	rchases of Advertis	ing in a Prog	ram Book or on a Sign	
Name of Purchaser					Purchase Made By:  Business Entity Other  Individual/Sole Proprietorship
Street Address			City		State Zip Code
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Program Ad Purchas	Amount of Sign Purchase
Name of Purchaser					Purchase Made By:  Business Entity Other  Individual/Sole Proprietorship
Street Address			City		State Zip Code
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Program Ad Purchas	e Amount of Sign Purchase
Name of Purchaser					Purchase Made By:  Business Entity Other  Individual/Sole Proprietorship
Address			City		State Zip Code
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Program Ad Purchas	Amount of Sign Purchase
Name of Purchaser					Purchase Made By:  ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship
Street Address			City		State Zip Code
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Program Ad Purchas	Amount of Sign Purchase
Name of Purchaser					Purchase Made By:  ☐ Business Entity ☐ Other ☐ Individual/Sole Proprietorship
Street Address			City		State Zip Code
Date Received	Event#	Aggregate Purchas	es for All Events	Amount of Program Ad Purchas	Amount of Sign Purchase
	SUBTOTAL Section	on L3 Total Purchases	of Advertising in	n Program Book — This Page	
	SUBTOTA	AL Section L3 Total Pu	rchases of Adve	rtising on a Sign — This Page	
			TOTAL o	of additional Section L3 Pages	
TOTA	AL OF ALL PURCH			GRAM BOOK or ON A SIGN nn A of Summary Page Totals)	

# II. EVENT ACTIVITY (Sections L1—L5)

0.004		s Registered with Filing R			21	EPORT		,
KOSAL	NO FOR CI	ry cou	MIC		1)40	day	ple	election
	L4	. In-Kind Donat	tions Not Consi	idered Contribu	ıtions	V		
lame of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation			<u> </u>		Foir	Market V	 alue of Donation
☐ Business Entity						Tan	warker v	alue of Donatio
☐ Individual	Date Received	Event #		Aggregate Value f	or this Event			
☐ Sole Proprietorship				1-68-18-11				
ame of Donor								
treet Address			City			ar yayay Tarahar	State	Zip Code
areet Address			City				State	Zip couc
	T						1	
Oonation Given By:  Business Entity	Description of Donation					Fair	Market V	alue of Donatio
☐ Individual		<u> </u>						
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for	or this Event			
_ sole representing								
lame of Donor								
t Address			City				State	Zip Code
.t Address			City				State	Zip Code
	Description of Donation		City			Fair		
Donation Given By:	Description of Donation		City			Fair		
Donation Given By:	Description of Donation  Date Received	Event#	City	Aggregate Value f	or this Event	Fair		
Donation Given By:  ☐ Business Entity  ☐ Individual		Event#	City	Aggregate Value f	or this Event	Fair		
Donation Given By:  ☐ Business Entity  ☐ Individual  ☐ Sole Proprietorship		Event#	City	Aggregate Value f	or this Event	Fair		
Donation Given By:  ☐ Business Entity  ☐ Individual  ☐ Sole Proprietorship		Event #	City	Aggregate Value f	or this Event	Fair		
Donation Given By:  ☐ Business Entity  ☐ Individual  ☐ Sole Proprietorship		Event#		Aggregate Value f	or this Event	Fair	Market V	alue of Donatio
Donation Given By:  ☐ Business Entity  ☐ Individual  ☐ Sole Proprietorship  Name of Donor		Event#	City	Aggregate Value f	or this Event	Fair		Zip Code  alue of Donatio
Donation Given By:  Business Entity  Individual Sole Proprietorship  Jame of Donor	Date Received	Event#		Aggregate Value f	or this Event		Market V	alue of Donatio
Donation Given By:  Business Entity  Individual Sole Proprietorship  Name of Donor  Street Address  Donation Given By:		Event#		Aggregate Value f	or this Event.		Market V	alue of Donatio
Donation Given By:  Business Entity  Individual Sole Proprietorship  Name of Donor  Street Address  Donation Given By: Business Entity	Date Received  Description of Donation						Market V	alue of Donatio
Donation Given By:  Business Entity  Individual Sole Proprietorship  Jame of Donor  Street Address  Donation Given By: Business Entity  Individual	Date Received	Event #		Aggregate Value f			Market V	alue of Donatio
Donation Given By:  ☐ Business Entity ☐ Individual ☐ Sole Proprietorship  Iame of Donor  treet Address  Donation Given By: ☐ Business Entity	Date Received  Description of Donation						Market V	alue of Donatio
Donation Given By:  Business Entity  Individual Sole Proprietorship  ame of Donor  treet Address  Donation Given By: Business Entity  Individual	Date Received  Description of Donation		City	Aggregate value for	or this Event		Market V	alue of Donatio
Donation Given By:  Business Entity  Individual Sole Proprietorship  Iame of Donor  treet Address  Donation Given By: Business Entity  Individual	Date Received  Description of Donation		City		or this Event		Market V	alue of Donatio
Donation Given By:  Business Entity  Individual Sole Proprietorship  ame of Donor  treet Address  Donation Given By: Business Entity  Individual	Date Received  Description of Donation	Event#	City SUBTOTAL Sect	Aggregate value for	or this Event		Market V	alue of Donatio
Donation Given By:  ☐ Business Entity ☐ Individual ☐ Sole Proprietorship  ame of Donor  treet Address  Donation Given By: ☐ Business Entity ☐ Individual ☐ Sole Proprietorship	Date Received  Description of Donation  Date Received	Event#	SUBTOTAL Sect  FOTAL of addition  T CONSIDERED	Aggregate value for tion L4 — This Pagonal Section L4 Pagonal Section	or this Event  ee es		Market V	alue of Donatio

		Repository)		YPE OF REPORT	
	for city coun			Hhday	pre even
L5.	. In-Kind Donations Not Cons	sidered Contributions	s Associated with a Ho	use PartyO	
Name of Host			committee?	porting more than Yes \(\Boxed{\sigma}\) No blete <b>Itemization in</b>	
Street Address		City		State	Zip Code
Description of Donation				Fair Market Val	ue of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all I	Events—this host/candidate		
Name of Host			committee?		
			If yes, comp	olete Itemization in	
Street Address		City		State	Zip Code
D. CD.					
Description of Donation				Fair Market Val	ue of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all I	Events—this host/candidate		
Name of Host			committee?	porting more than Yes \( \square\) No blete <b>Itemization in</b>	
Street Address		City	1, yes, comp	State	Zip Code
Account Address of the Control of th		City		State	Lip code
Description of Donation				Fair Market Val	ue of Donation
7	A compacts Value of this French all back	L A	7		
Event #	Aggregate Value of this Event—all hosts	Aggregate value of all r	Events—this host/candidate		
Name of Host				porting more than	one candidate o
			committee?	Yes □ No olete <b>Itemization in</b> .	Addendum I 5
Street Address		City	27 yes, comp	State	Zip Code
Description of Donation				Fair Market Val	ue of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all I	Events—this host/candidate		
		SUBTOTAL Secti	on L5 — This Page		
		TOTAL of addition	al Section L5 Pages		
	OF ALL IN-KIND DONATIONS				$\overline{\lambda}$
ASSOCIATED WITH	A TEATION DAY	l on Line 22, Column A of			

Page

NAME OF COMMITTEE (Provide Complete				TYPE OF REPORT	0/4	ما۔ اھ
ROSADO FOR C	174	COUNCIL		19th day	pie	election
	<u> </u>	M. In-Kind Co	ontributions			
			La		10	Tz:- C- 1-
treet Address			City		State	Zip Code
	la a			10 47		
Type of contributor:   Committee	Date Received	Aggregate Contributions	Description of In-Kir	nd Contribution		
☐ Individual / Sole Proprietorship ☐ Other	70 71	60400		0 1 1		<u> </u>
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		n is in excess of \$400 to a can- tor or business he/she is assoc			Fair I	Market Value
	L	e than \$5,000?	□Yes □No		of this	Contribution
Is this contribution associated with an event reported in Section L1?		ontributor a principal of a state of yes, indicate which branch		state contractor?		
If yes, list Event #		f government the contract is v		e ☐ Legislative		
Name						
treet Address			City		State	Zip Code
Type of contributor:	Date Received	Aggregate Contributions	Description of In-Kin	nd Contribution		
☐ Individual / Sole Proprietorship ☐ Other						
Is contributor a lobbyist, spouse,   Yes		on is in excess of \$400 to a car ator or business he/she is asso				Market Value s Contribution
or dependent child of a lobbyist?   No		re than \$5,000?	☐ Yes ☐ No	t with said maincipanty	OI UIII	8 Contribution
Is this contribution associated with an		ntributor a principal of a state				
event reported in Section L1?  If yes, list Event #		fyes, indicate which branch	or branches	□No		
	[ OI	f government the contract is w		e □ Legislative		
• 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	01	f government the contract is w				
	l oi	f government the contract is w				
	01	f government the contract is w			State	Zip Code
	Į O	f government the contract is w	vith:		State	Zip Code
treet Address	Date Received	Aggregate Contributions	vith:	E Legislative	State	Zip Code
treet Address  Type of contributor:   Committee			vith:	E Legislative	State	Zip Code
Type of contributor:	Date Received  If contributio	Aggregate Contributions on is in excess of \$400 to a car	City  Description of In-Kinndidate for a chief executive	d Contribution	Fair	Market Value
Type of contributor:	Date Received  If contributio does contribu	Aggregate Contributions	City  Description of In-Kinndidate for a chief executive	d Contribution	Fair	Market Value
Type of contributor:  Committee Individual / Sole Proprietorship Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an	Date Received  If contribution does contributed at most valued at	Aggregate Contributions on is in excess of \$400 to a carator or business he/she is assore than \$5,000?	City  Description of In-Kin  Indidate for a chief executive  ciated with have a contrac  Yes No  e contractor or prospective	Legislative  and Contribution  we officer of a municipality, t with said municipality  state contractor?	Fair	Market Value
Type of contributor:	Date Received  If contribution does contributed at most valued at	Aggregate Contributions on is in excess of \$400 to a carator or business he/she is assore than \$5,000?  Intributor a principal of a state of yes, indicate which branch	City  Description of In-Kin  Indidate for a chief executive ciated with have a contract Yes No  executive executive contract New Yes No  executive executive executive contractor or prospective or branches	d Contribution  we officer of a municipality, t with said municipality  state contractor? □Yes □ No	Fair	Market Value
Type of contributor:  Committee Individual / Sole Proprietorship Contributor a lobbyist, spouse, or dependent child of a lobbyist?  Is this contribution associated with an	Date Received  If contribution does contributed at most valued at	Aggregate Contributions on is in excess of \$400 to a carator or business he/she is assore than \$5,000?  Intributor a principal of a state of yes, indicate which branch of government the contract is well.	Description of In-Kin  Indidate for a chief executive ciated with have a contract Yes No executive or branches with:  Executive	Legislative  and Contribution  we officer of a municipality, t with said municipality  state contractor?   No  Legislative	Fair	Market Value
Type of contributor:	Date Received  If contribution does contributed at most valued at	Aggregate Contributions on is in excess of \$400 to a carator or business he/she is assore than \$5,000?  Intributor a principal of a state of yes, indicate which branch of government the contract is well.	City  Description of In-Kin  Indidate for a chief executive ciated with have a contract Yes No  executive executive contract New Yes No  executive executive executive contractor or prospective or branches	Legislative  and Contribution  we officer of a municipality, t with said municipality  state contractor?   No  Legislative	Fair	Market Value
Type of contributor:	Date Received  If contribution does contributed at most valued at	Aggregate Contributions on is in excess of \$400 to a car ator or business he/she is assore than \$5,000?  Intributor a principal of a state of yes, indicate which branch f government the contract is we support the contract is well as the contract	Description of In-Kin  Indidate for a chief executive ciated with have a contract Yes No executive or branches with:  Executive	Legislative  and Contribution  we officer of a municipality, t with said municipality  state contractor?   No  Legislative	Fair	Market Value
Type of contributor:  Committee Individual / Sole Proprietorship Contributor a lobbyist, spouse, Sor dependent child of a lobbyist?  Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	Date Received  If contribution does contributed at most valued at most light properties. If contribution is a contribution of the contribution of	Aggregate Contributions on is in excess of \$400 to a carator or business he/she is assore than \$5,000?  Intributor a principal of a state of yes, indicate which branch f government the contract is we substitute the substitute of a state of the substitute of the su	Description of In-Kin Indidate for a chief executive ciated with have a contract Yes No e contractor or prospective or branches with:  L Section M — This Fedditional Section M Pa	Legislative  and Contribution  we officer of a municipality, t with said municipality  state contractor?	Fair	Market Value
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Type of contributor:	Date Received  If contribution does contributed at most valued at most point of the second se	Aggregate Contributions on is in excess of \$400 to a carator or business he/she is assore than \$5,000?  Intributor a principal of a state of yes, indicate which branch f government the contract is we substitute the substitute of a state of the substitute of the su	City   Description of In-Kin   Description of In-Kin   Indidate for a chief executive ciated with have a contrace   Yes   No e contractor or prospective or branches with:   Executive   Executive   Executive   Executive   Executive   Column   Executive   Ex	Legislative  and Contribution  The officer of a municipality, the with said municipality  State contractor?	Fair of thi	Market Value s Contribution
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ype of contributor:	Date Received  If contribution does contributed at most valued at most point of the second se	Aggregate Contributions on is in excess of \$400 to a car ator or business he/she is asso re than \$5,000? Intributor a principal of a state f yes, indicate which branch f government the contract is w  SUBTOTA  TOTAL of act NS (Enter total on Line 23, Control of the contract of the control of the contro	City   Description of In-Kin   Description of In-Kin   Indidate for a chief executive ciated with have a contrace   Yes   No e contractor or prospective or branches with:   Executive   Executive   Executive   Executive   Executive   Column   Executive   Ex	Legislative  and Contribution  The officer of a municipality, the with said municipality  State contractor?	Fair of thi	Market Value s Contribution
reet Address  Sype of contributor:  Committee Individual / Sole Proprietorship  Other  s contributor a lobbyist, spouse,  yes or dependent child of a lobbyist?  No  s this contribution associated with an event reported listed in Section L1?  If yes, list Event #  TOTAL OF ALL IN-KIND CON  ast Name of Individual	Date Received  If contribution does contributed at most valued at most point of the second se	Aggregate Contributions on is in excess of \$400 to a car ator or business he/she is asso re than \$5,000? Intributor a principal of a state f yes, indicate which branch f government the contract is w  SUBTOTA  TOTAL of act NS (Enter total on Line 23, Control of the contract of the control of the contro	City   Description of In-Kin   Description of In-Kin   Indidate for a chief executive ciated with have a contrace   Yes   No e contractor or prospective or branches with:   Executive   Executive   Executive   Executive   Executive   Column   Executive   Ex	Legislative  and Contribution  The officer of a municipality, the with said municipality  State contractor?	Fair of thi	Market Value s Contribution
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Type of contributor:	Date Received  If contribution does contributed at most valued at most point of the second se	Aggregate Contributions on is in excess of \$400 to a car ator or business he/she is asso re than \$5,000? Intributor a principal of a state of yes, indicate which branch of government the contract is w  SUBTOTA  TOTAL of act  NS (Enter total on Line 23, Control of the contract to the contract to the contract of the contract of the contract of the control of the con	City   Description of In-Kin   Description of In-Kin   Indidate for a chief executive ciated with have a contrace   Yes   No e contractor or prospective or branches with:   Executive   Executive   Executive   Executive   Executive   Column   Executive   Ex	Legislative  and Contribution  we officer of a municipality, twith said municipality  state contractor?	Fair of thi	Market Value s Contribution it Made
TOTAL OF ALL IN-KIND CON  ast Name of Individual  Sole Proprietorship Other  Social Proprietorship Othe	Date Received  If contribution does contributed at most valued at most point of the second se	Aggregate Contributions on is in excess of \$400 to a car ator or business he/she is asso re than \$5,000? Intributor a principal of a state of yes, indicate which branch of government the contract is w  SUBTOTA  TOTAL of act  NS (Enter total on Line 23, Control of the contract to the contract to the contract of the contract of the contract of the control of the con	City   Description of In-Kin   Description of In-Kin   Indidate for a chief executive ciated with have a contrace   Yes   No e contractor or prospective or branches with:   Executive   Executive   Executive   Executive   Executive   Column   Executive   Ex	Legislative  and Contribution  we officer of a municipality, twith said municipality  state contractor?	Fair of thi	Market Value s Contribution it Made
Type of contributor:	Date Received  If contribution does contributed at most valued at most point of the second se	Aggregate Contributions on is in excess of \$400 to a car attor or business he/she is asso re than \$5,000? Intributor a principal of a state of yes, indicate which branch of government the contract is we SUBTOTA  TOTAL of act Of the contract on Line 23, Contract of the c	City   Description of In-Kin   Description of In-Kin   Indidate for a chief executive ciated with have a contrace   Yes   No e contractor or prospective or branches with:   Executive   Executive   Executive   Executive   Executive   Column   Executive   Ex	Legislative  Ind Contribution  The officer of a municipality, the with said municipality  Independent of the said municipality, the said municipality  Independent of th	Fair of thi	Market Value s Contribution it Made
Type of contributor:	Date Received  If contribution does contributed at most valued at most point of the second se	Aggregate Contributions on is in excess of \$400 to a car ator or business he/she is asso re than \$5,000? Intributor a principal of a state of yes, indicate which branch of government the contract is w  SUBTOTA  TOTAL of act  NS (Enter total on Line 23, Control of the contract to the contract to the contract of the contract of the contract of the control of the con	City   Description of In-Kin   Description of In-Kin   Indidate for a chief executive ciated with have a contrace   Yes   No e contractor or prospective or branches with:   Executive   Executive   Executive   Executive   Executive   Column   Executive   Ex	Legislative  and Contribution  we officer of a municipality, twith said municipality  state contractor?	Fair of thi	Market Value s Contribution it Made

Page 13 of 17

Revised January 2015	UKES (Sections I —	-1)		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
ROSADO FOR CITY COUN	(IC	74hday	Ple-	election
P. Expenses P	aid by Committee			
Name of Payee		Date of Payment	Method of	
Subway		10-11-19	Checl	k# <u>100</u>
	O'4		☐ Debit	
	City		State	Zip Code
296 middle St	Bristy		CT	060010
Purpose of Expenditure Description	Even	t #		Amount
(by code) FOOD HO FOOD				
		**	۱۱	.76
(if applicable)	ss "None of the below" is check	ed)	4	
☐ None of the below☐ Coordinated with reimbursement sought (joint expenditure)	☐ Independent			
Coordinated without reimbursement sought (in-kind contribu		A O B O C O D		
Name of Payee		Date of Payment	Method of	4-1
Primo Press		16-21-19	☐ Check	
	City	<u> </u>	State	Zip Code
(e) meriden RO	Waterbury		CT	2000
	Care Soil	· II		
Purpose of Expenditure (by code)  Description	E West	<b>:#</b>		Amount
A-OTHER ShirtS				
Expenditure # Type of Expenditure (Itemization in Addendum P Required unle	ss "None of the below" is check	ed)	38	2.84
(if applicable)				
Coordinated with reimbursement sought (joint expenditure)	☐ Independent			
Coordinated without reimbursement sought (in-kind contribution)	Organization: c	Date of Payment	Method of	Payment:
Scott Rosado			☐ Checl	· /3/C
		16-19-19	☐ Debit	
	City		State	Zip Code
Stafford Ave	Bristul		CT	66010
Purpose of Expenditure Description	Even	t#		Amount
(by code) FNDR I Hems for fundraises (ie	balloonets)			
PPPC TICHE BOT AUTOVATSET	<u>'</u>			
Expenditure # Type of Expenditure (Itemization in Addendum P Required unl	ess "None of the below" is chec	ked)	54	14.59
☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure	Independent			
☐ Coordinated without reimbursement sought (in-kind contrit	· · · · · · · · · · · · · · · · · · ·			
Name of Payee		Date of Payment	Method of	Payment: k# 99
Scott Rosado				- <del> </del>
Scott Rosado  Street Address Stafford Ave	City		Debit State	Card DEFT Zip Code
Stafford Due	Bristy		CT	
			<u> </u>	
Purpose of Expenditure (by code) A-OTHZ SIGNS, Etc.	Even	t#		Amount
A-OTHZ SIGNS, Etc.				- IL
Expenditure # Type of Expenditure (Itemization in Addendum P Required unlo	ess "None of the below" is check	ked)	- BC	333
(if applicable) □ None of the below			-> z	11.627
☐ Coordinated with reimbursement sought (joint expenditure)			5,3	30.11
☐ Coordinated without reimbursement sought (in-kind contrib	ution)	OA OB OC OD		
St.	JBTOTAL Section P — Thi	s Page	4,5	571.37
ТОТ	AL of additional Section P	Pages		
TOTAL OF ALL EXPEN	NSES PAID BY COMMI		4,5	71.32

Note:

I spoke with Ryan Buns at SEEC regarding the issue that the a business had paid for items for the candidate.

The business (Primo Press) paid \$3,552.11 to PoGo Designs as the candidate wanted to get the order ASAP. PoGo Designs accepts Pay Pal, which Primo Press has but the candidate did not; hence, Primo Press paid and the candidate reimbursed Primo Press.

Unfortunately, the candidate did not know that a business cannot make contributions or payments to a campaign.

Mr. Burns at SECC felt that as long as recorded everything in the SEEC report, it should be okay. It was an honest mistake by the candidate.

Karen Vibert Treasurer for Rosado for City Council

	TEE (Provide Complete Name as Registered with Filing Re		TYPE OF REPORT	000 alasi
KUSF		n Expenses Paid by C		y pre elect
me of Pavee (Name of V	Yendor, Person or Entity who candidate paid directly)	n Expenses raid by C	Date of Payment	Is reimbursement claimed?
,				Yes No
Street Address		I Cite		
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of V	l Yendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Name of Payee (Name of V	l 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
me of Payee (Name of V	 'endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure	Description	<u>in Bulloni Byroni ba</u> Tiyondoo ya da	Event #	Amount
(by code)				
Name of Payee (Name of V	    endor, Person or Entity who candidate paid directly		Date of Payment	Is reimbursement claimed?
Traine of Fayee (traine by F	emot, resolver Zamy who continue plus unechy)		Date of Laymon	Yes No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)				
		SUBTOTAL Section	Q — This Page	
		TOTAL of additional S	Section Q Pages	
		L EXPENSES PAID BY		D.OO

FUSH	400 FOR CITY COUR	KI C	19th c	lan ple 4	recon
	R. Expenses Incur		e Credit Card	01	
e of Issuing Inst	tution	Type of Credit Card			
		□ Visa □ M	laster Card Discover	☐ American Express	Other:
ame of Vendor, Person	or Entity			Date of T	ransaction
treet Address		City		State	Zip Code
urpose of Expenditure by code)	Description		Event #		Amount
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum R Requi  ☐ None of the below ☐ Coordinated with reimbursement sought (joint exp ☐ Coordinated without reimbursement sought (in-kin	enditure)	relow" is checked)  Independent  Organization: O A O B O	C O D	
ame of Vendor, Person	or Entity			Date of T	ransaction
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by code)		red unless "None of the l			Amount
by code)	Description  Type of Expenditure (Itemization in Addendum R Requirement None of the below  Coordinated with reimbursement sought (joint expenditurement Coordinated without reimbursement sought (in-kin)	enditure)		СОР	Amount
by code)	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin	enditure)	nelow" is checked) Independent	C O D  Date of To	
Purpose of Expenditure by code)  Purpose of Expenditure # vlicable)  Name of Vendor, Person of Street Address	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kin	enditure)	nelow" is checked) Independent		
oy code)  Temenditure # vlicable)  Tame of Vendor, Person of treet Address	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin or Entity	enditure)	nelow" is checked)  Independent  Organization: O A O B C	Date of To	ansaction
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by code)	Type of Expenditure (Itemization in Addendum R Requirement None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin or Entity	enditure)	Delow" is checked)  Independent Organization: O A O B C	Date of To	ansaction  Zip Code
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vy code)  Prenditure # viticable)  Iame of Vendor, Person of treet Address  urpose of Expenditure by code)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure)  Description  Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditure)  Coordinated with reimbursement sought (in-kin)	cenditure)	Event #  Event #  Independent  Organization: O A O B O  Event #  Organization: O A O B O  R — This Page	Date of Ti	ansaction  Zip Code

NAME OF GOVERN				reposs.	
ROSAM	EE (Provide Complete Name as Registered with Filing Repositor		TYPE OF F		· alachon
	T. Itemization of Reimb		ry Pavees	the pro	e election
Last Name of Worker/Con		First	iry rayees	lмı	Date of Payment to Vendor,
HAH	10	GREG			Person or Entity
	Entity Paid by Committee Worker/Consultant			t to Reimburse (	Committee Worker/Consultant as
1	way		CI	neck # 100	☐ Debit Card ☐ EFT
	Person or Entity Paid by Committee Worker/Consultant	City			State Zip Code
346	Middle St	Brusty			CT SCOOLO
Purpose of Expenditure (by code)	food for HQ	<b>B</b>	ent#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless "None of the below" is c	hecked)		
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expe	nditure) 🔲 Independe	ant.		
	Coordinated with reimbursement sought (in-kind		ion: OA OB	$\circ C \circ D$	
Last Name of Worker/Cons	sultant	First		MI	Date of Payment to Vendor, Person or Entity
Primo	Pres S				I cison of Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			t to Reimburse ( I in Section P:	Committee Worker/Consultant as
			☐ Cl	neck #	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City	~u		State Zip Code O6 705
0.7	Meriden Rd	Waterbui	X		2, 60,03
e of Expenditure	SIGNS, banners, e	tc.     E	ent 🖳		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless "None of the below" is c	hecked)		3550.11
(у иррисионе)	☐ None of the below				3333. (
	☐ Coordinated with reimbursement sought (joint experiment Coordinated without reimbursement sought (in-kind		ent ion: o A o B	o C o D	
Last Name of Worker/Cons	l sultant	First	OH OH	МІ	Date of Payment to Vendor,
					Person or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			nt to Reimburse (	Committee Worker/Consultant as
				neck#	☐ Debit Card ☐ EFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City	The second secon		State Zip Code
Purpose of Expenditure (by code)	Description	E	vent #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	ed unless "None of the below" is c	hecked)		
	☐ None of the below				
	☐ Coordinated with reimbursement sought (joint exper☐ Coordinated without reimbursement sought (in-kind	_ <b>-</b>	ion: o A o B	$\circ C \circ D$	
		SUBTOTAL Section T —			
		TOTAL of additional Section	n T Pages		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS AND CONSU	LTANTS		